

Checklist for Ag. Resource Building Meeting Room

Organization: _____

Name of person responsible: _____

Picked Up Returned

Key: _____ _____ Date: _____

Checklist: - at end of meeting

Women's Bathroom:

Lights off _____

Water off _____

Men's Bathroom:

Lights off _____

Water off _____

Kitchenette:

Coffee Pot off _____

(Red light on face of coffeemaker should be turned off)

Lights off _____

(Switch on wall behind coffee maker)

Back Light Switch:

off _____

(Switches left side back exit near kitchenette)

Front Light Switch:

off _____

(Switches right of front exit door inside of coat rack)

Room Locked: _____

**This form must be returned with key the next business day during
office hours (8:30 a.m. – 4 p.m.)**

Emergency Phone Number's

Jeff: 946-7970

Rick: 924-3072

Jeannine: 928-8397

Jackie: 924-3983